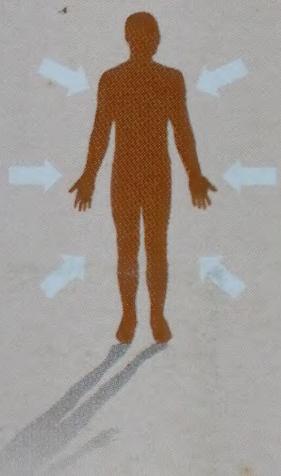




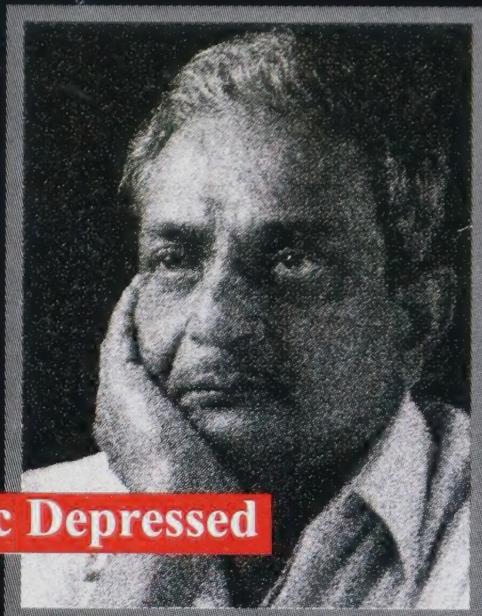
# MIND CRIES AND BODY PAINS



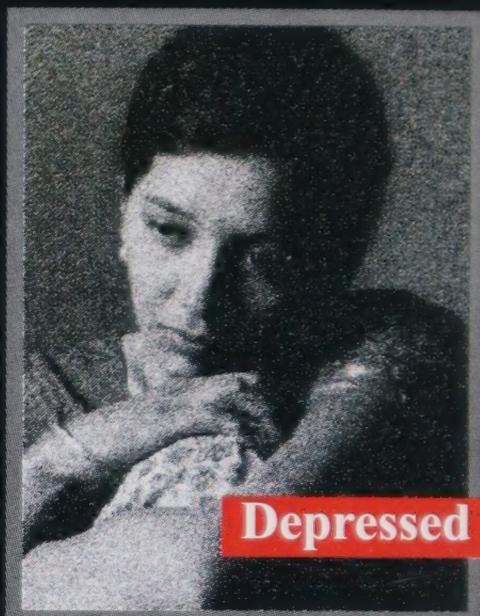
Dr. C. R. Chandra Shekar  
Additional Professor of Psychiatry  
NIMHANS Bangalore  
Pin 560029

Published in the interest of  
the medical fraternity by

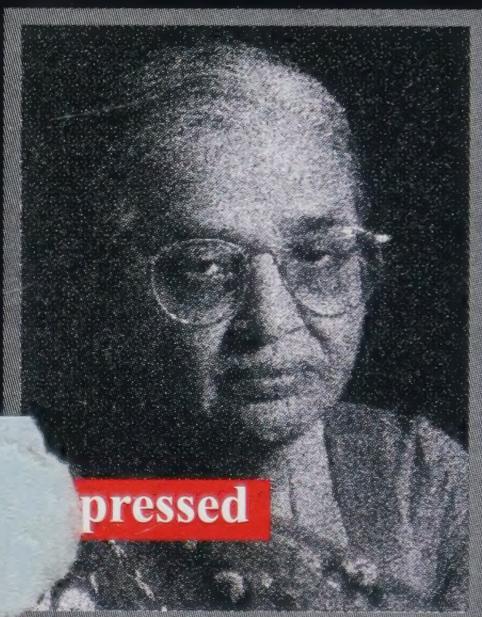
# Many faces of depression



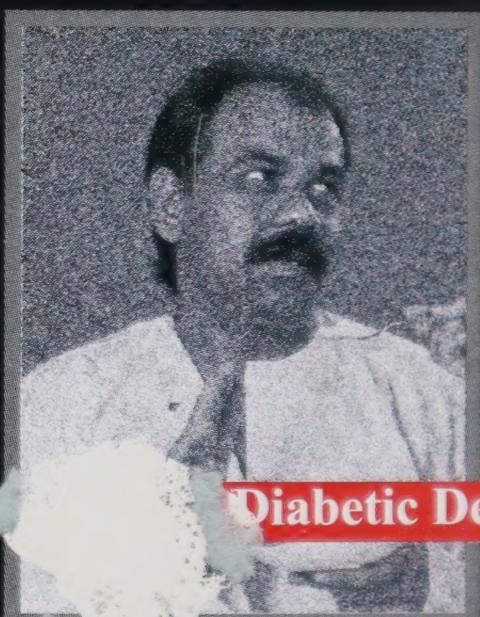
Cardiac Depressed



Depressed Women



Elderly Depressed



Diabetic Depressed

Once a day, antidepressant

Once Daily AM or PM



**Serlift**

50  
100

Sertraline

Lifts depression, improves quality of life



Further details available on request:

**Solus Pharmaceuticals Ltd.**

(A RANBAXY GROUP COMPANY)

Plot No. 114, Street 15, MIDC, Andheri (E), Mumbai 400 093.

*Half*

## Preface

Medical information on psychiatry, as all interested observers know, is expanding at an astronomical rate and any good book is a testimony of this deluge of new information. There must be a good reason to publish a new booklet when there are already a number of multiauthored books on Psychiatry. It seemed to us that medical writing should provide more than just information, it should provide inspiration too. Furthermore it should be relevant to society.

The idea of this CNS series of booklets was conceived in a rather informal discussion with the leading psychiatrists in India. All of us wanted to strike a balance between the existing information and the need of this millennium

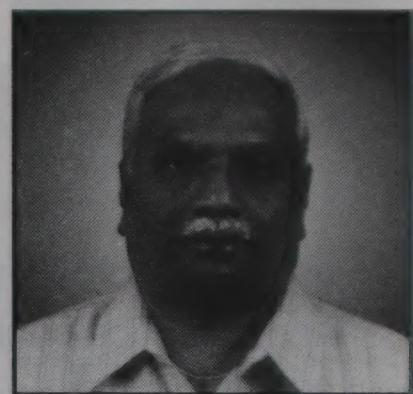
This booklet represents the distillation of a tremendous volume of literature on Mood disorders, filtered through the receptive and discriminating awareness of a distinguished psychiatrist from a premiere Institute in India.

Truly understanding another human being is a daunting challenge, yet nothing is more important if we are to soothe the suffering of a ravaged soul. That is why Solus is proud to be associated with the publication of this book, which we believe will add another dimension to that task.

Dr. Samiran Adhikari MD

Dr. K. Krishnaprasad MD

Dr C.R.Chandra shekar  
MBBS, DPM, MD  
Additional Professor of Psychiatry  
Deputy Medical Superintendent  
NIMHANS  
Bangalore



Dr. Chandra shekar, one of the most prolific writers in his field, is associated with one of the premier institutions of Mental Health i.e. NIMHANS, Bangalore and is presently working as an Additional Professor of Psychiatry and Deputy Medical Superintendent. Born in 1948 at Channapatna, Bangalore District, he completed his MBBS from Bangalore Medical College in 1972, followed by DPM and MD in Psychiatry from NIMHANS, Bangalore in 1978.

For his distinguished work, he has won a number of awards.

- *Dr. S. S. Jayaram's Award* instituted through Indian Psychiatric Society, Karnataka Branch for his book on "Mental retardation".
- *Dr. H. Narasimhaiah Award* instituted through Kannada Sahitya Parishat, Bangalore for his book on "Bhanamathi".
- Award from Department of Public Education, Government of Karnataka for his book on "Epilepsy".
- *Doctor's Day Award 1993*, by Indian Medical Association, Bangalore Branch.
- *Man of the Year 1997*, American Biographic Institute,

- *Karnataka Chetana Award – 1999*, to name a few.

Dr. Chandra shekar has held number of honorary posts to his credit, such as-

- Secretary, Indian Psychiatric Society, Karnataka – 1982-84;
- President, Indian Psychiatric Society, Karnataka – 1991-92;
- Short-term consultant to World Health Organisation;
- Hon. Consultant to Prasanna Counseling Center, Bangalore, and
- President, Kannada Vaidya Sahitya Parishat 1994 – 96.

He has published 65 technical research papers in National and International Journals in Psychiatry and related subjects; 760 popular articles in Kannada and English dailies and periodicals on Mental health and related issues; 88 books in Kannada; 11 books in English on Mental health out of which 4 books have been translated into Telugu. He is also a co-author for six manuals on Mental Health care for Doctors, Health Workers, Mental Health Professionals.

Amongst his varied interests, Dr. Chandra shekar is especially interested in Mental Health Education and Community Mental Health.

He has prepared this article for Solus Pharmaceuticals Ltd.

# **MIND CRIES, BODY PAINS IN NEUROTIC & SOMATOFORM DISORDERS**

You are walking in a lush green park. You are enjoying the beauty of nature. The flowers, their fragrance, young kids who are playing are making you feel happy. Suddenly a barking dog runs towards you. You are frightened. Your heart skips a beat and races. You feel nauseating discomfort in your stomach. You feel so weak that you are going to fall to the ground. Thank God. The dog runs away from you. You are relieved. But still your heart is pounding. There are drops of sweat on your forehead.

You are invited to attend a marriage function. As you know the bride's family very well, you expect personal care and attention. But you get disappointed to see that you were left alone unattended and you have to help yourself. Suddenly you feel sick, you develop headache. You wish to go out of that place as early as possible. The headache persists even when you are back at home.

In both the above situations, you developed bodily symptoms like heart pounding, nausea, discomfort in the stomach, weakness, sweating, feeling of sickness, headache, not because of any abnormal change or disease in the body but because of psychological reasons like fear and frustrations. It is a common experience of many people that whenever they worry about anything, they develop headache, some discomfort in the chest, weakness which disappears when they stop worrying and relax. On some occasions, you might have worried too much about a problem, when you did not feel like eating and enjoy your food, you could not sleep well, you were unable to concentrate and work efficiently. You were slightly irritable and lacked patience. When people were puzzled or annoyed by your behaviour and asked for reasons, you would have told that you were not 'well'. That means, if you are under tension, if you are worrying and not feeling comfortable, there appears to be some disturbance in your health status. There are changes in the body and mental functioning which make you feel uncomfortable and sick. There are certain advantages of being sick. You get some sympathy, attention from others. Your mistakes and shortcomings as well as unpleasant responses get an excuse. Some people thus may make a habit (this could be an unconscious process, without their knowledge) of remaining sick and suffer

from aches and pains.

## **Stress**

This is an era of stress and stress affects every one. It can serve as a stimulus for a person to do his best. For example, if he / she is facing an examination, he (she) will do hard work to improve his (her) performance; if he is facing a difficult task, he may request others to help him. But excessive stress can be harmful. When a person perceives a situation, an issue or a problem as stressful, the following changes occur in the body and mental functions. These changes become unpleasant which may further increase the severity of stress.

### **1. Bodily Changes**

Because of stimulation of sympathetic nervous system (part of autonomic nervous system of brain which is not under our voluntary control) by adrenaline hormone, almost every internal organ reacts to the stress.

- a) Digestive system:** Mouth becomes dry as saliva is not produced by salivary glands. Swallowing becomes difficult. More hydrochloric acid is

secreted in the stomach. Emptying of stomach is delayed. Bowel movements get disturbed. Because of these changes, the individual may have the following symptoms: 'fullness of stomach', lack of appetite, indigestion, flatulence, pain or discomfort in the abdomen, difficulty to swallow, nausea, vomiting, diarrhoea or constipation etc.

**b) Respiratory system:** Hurried respiration, shortness of breath, some type of constriction sensation in the throat/chest dry cough, noisy breathing, etc.

**c) Heart:** Increased heart beats, pounding of heart, missed heart beats, raised pulse rate/blood pressure, increase blood circulation in the periphery leading to feelings of warmth, increased sweating, discomfort or pain in the chest.

**d) Genital and urinary system:** Urgency and/or increased frequency of passing urine, difficulty to pass urine, absence

or poor penile erection, premature ejaculation, painful sexual intercourse and other sexual inadequacies.

- e) **Locomotor system:** Muscle cramps, tight muscles, back pain, joint pains, shivering or shaking of limbs or entire body, lack of coordination in the movements of different parts of the body, easy fatigability, inability to walk or use limbs.
- f) **Immune system:** Body immunity becomes weak as number of white blood cells and quantity of antibody production gets reduced. Thus the person becomes an easy victim of disease producing organisms.

## 2. **Mental Changes**

- a) **Poor attention and concentration, easy distractibility and poor thinking :** Thus the individual cannot apply his mind in one activity. His efficiency comes down. He makes mistakes. He takes wrong and hasty decisions. He

cannot think logically and in a goal oriented manner. His judgement is poor.

- b) **Disturbed Perceptions:** He cannot receive, understand and interpret appropriately, the information which comes through his five senses (eyes, ears, nose, tongue and skin). He starts misinterpreting things. He perceives part of the stimulus and fails to understand the reality. This may lead to disturbed relationship with others. He may get confused.
- c) **Disturbed emotions:** Because of increased secretion of adrenaline hormone, he is fearful, sad or angry (all negative emotions). He does not feel comfortable and happy. He is irritable, jittery, and restless. He may be in tears, may weep. He feels helpless, hopeless and worthless. He may become aggressive, violent or entertain death wish and suicidal ideas. He may even make attempts to commit suicide. He may use other methods to escape from the

stressful situation or issue. He may use tobacco, alcohol, sleeping tablets or other intoxicating drugs.

## ***Some Stressful Events***

The common life events and problems which are perceived as stressful and problems reported commonly are the following :

- 1. Family and interpersonal problems:**  
When the individual finds it difficult to make adjustments and accommodate the needs of other family members, or when his needs are not attended by others, or when there is disturbance in the roles played by him and others in different family situations, people try to blame each other. When the limited resources are to be shared and there is lack of understanding, interpersonal relationships get strained. When persons are forced to live together or when family is breaking, interpersonal relationships get further strained. Thus people living in such families, find it very stressful to interact with others.
- 2. Marital and sexual problems:**  
Unwilling sexual and marital partners, incompatibility of personalities among the couple, sexual inadequacies or unusual sexual practices of the

partners, and marital disharmony because of varied reasons are stressful.

3. **Financial problems and financial constraints:** Insufficient income, unexpected financial losses, unexpected expenses to meet the individual or family's needs, unexpected gains and problems in accounting, paying taxes – are commonly reported stressors.
4. **Occupational problems:** No employment, under-employment, working in an unwanted or unpleasant job or place, disturbed relationship with work-mates, supervisors, very tight time bound tasks, no or less job satisfaction, poor and unhealthy environment in the work place add to the stress.
5. **Social issues:** Social discrimination, exploitation, severe competition for limited resources, poor living conditions, disorganized way of life, inconsistent and confusing value system, very rigid or very loose social and legal norms add their share to the stress of the individual.
6. **Usual and unusual life events:**

Marriage, separation, divorce, child birth, joining school or college, examination, taking up a job, promotion / demotion, transfer, change of residence, falling sick, accidents and injuries, chronic debilitating or disabling disease ( like leprosy, cancer, hypertension, heart disease, stroke etc) in family members, physical or mental handicap in one of the family member, loss of material, gain or loss of money, status or power, arrest by police, court trials, imprisonment, natural or man made disasters like floods, fire, earth quake, poisonous gas leak, industrial or chemical accidents become stressful to the individuals and the concerned people.

Depending on the personality type of the individual, his past experience of managing a stress (coping skills) availability of support, help and guidance from others (family members, friends, relatives, colleagues, neighbors) and the severity of the stress, the person shows physical and mental changes.

## **Consequences**

If these physical and mental changes are severe and/or continue for longer periods of time, the individual is at risk to develop and suffer from the following conditions like,

## **A. Psychophysiological Disorders**

Hyperacidity and peptic ulcer (acid - peptic disease), high blood pressure, diabetes mellitus, migraine headache, asthma, colitis (loose motions with mucus and blood), arthritis (joint swellings and pain), allergic skin conditions, psoriasis, menstrual irregularities (menorrhagia / amenorrhea / dysfunctional uterine bleeding) abortions, etc :

## **B. Psychiatric Disorders**

**a) Anxiety Disorders:** Mr. J met his family doctor and said " Doctor, I do not know what is happening to me these days. I study hard. I go to bed only at 12 midnight. I read for 5 to 6 hours a day. But I cannot remember anything. My memory has become very poor. I got 55% marks in the class test when I was expecting 90%. What would be my future if I get such a low grade in the coming examination ? I am unable to concentrate. I get headache, burning sensation in the chest and stomach, pain in the right arm almost every day. I do not have appetite. I have become short tempered and I shout at my family members and friends after which I feel shy to talk to them again. Please examine me in detail and prescribe good medicine, sir.

"If you do not help me, I would not like to survive and face failure." He looked worried and tense. On examination, doctor could not find any illness or deficits but he had many features of anxiety disorder.

A feeling of vague fear, tension, apprehension, uncertainty, lack of self confidence, restlessness, poor attention, concentration, memory, disturbed sleep, appetite and sexual functions, palpitation, sweating, breathing difficulties, tremors, increased frequency of micturition, diarrhoea etc. Bodily symptoms like headache, chest pain, body ache, joint pains, back pain are equally common. These symptoms of anxiety may be there all the time or most of the time (Generalized Anxiety Disorder) or may come in attacks (Panic) or may be there in specific time and places (Phobia).

**b) Depressive Disorder :** A feeling of sadness, boredom, lack of interest in most of the activities and work, inability to enjoy, guilt or low self esteem, death wish, suicidal ideas or attempts, disturbed sleep, appetite and sexual functions, are the common symptoms. The person becomes withdrawn, dull and in severe cases may become totally dependent on others by neglecting to

take care of his basic needs like food, water, sleep and personal hygiene. Bodily symptoms like headache, chest pain, other aches and pain are equally common.

## ***A few case vignettes***

Mrs. S, who is 40 years old is brought with complaints like being weak, not showing interest in routine day to day activities, has to be forced to take food and observe personal hygiene, not sleeping well since two months. It is said that she often cries and says that she would rather die than live. She hails from a rich family and denies of having any problem in her personal and family life. But , she is having disturbed relationship with her husband. She is not suffering from any metabolic or physical disorders.

Mr. R, was admitted to a general hospital with a history of consuming one bottle of insecticide. He was found to be preoccupied with his unemployment and he was upset when his father told him that he was not making sincere efforts to get a job. Prior to the act of attempted suicide, for one week, he was not sleeping well. He used to be irritable and had picked up a quarrel with the neighbour on trivial reasons. Now he feels guilty and wonders whether he would be able to lead a normal life. He feels totally helpless,

hopeless and thinks that he has no future. He complains of severe headache which is unbearable.

**c) Dissociation or conversion disorder:**

The individual may develop certain symptoms dramatically, which mimic known physical illnesses, or mental illnesses or culturally approved behaviour when he is under severe stress. Common presentations are :

1. Falling / fainting attacks which last for couple of minutes to an hour or so.
2. Involuntary movements of the limbs and 'unresponsive' state mimicking an epileptic fit.
3. Absence of movements in one or one side limbs mimicking paralysis/stroke.
4. Absence or unusual sensation in some parts of the body like crawling, burning, pins and needles, or anaesthetic patch on the skin.
5. Loss of voice (mutism).
6. Loss of memory, inability to recall events (amnesia).
7. Loss of identity and wandering away for certain period of time and inability to recall the events/activities done during that period (fugue).
8. Possession syndrome : Individual loses

his identity and talks and behaves like a different person, like God, Goddess, holy person, spirit of a dead person etc. As people in such set-ups have a belief in such possession, they conduct themselves in such a way that it is convenient for the person to ventilate his problems and also get an extra attention and help from the concerned.

9. Short lasting episodes of abnormal talk or behaviour during which the person seems to have lost control on himself and behaves like a mad person. He may scream, shout, talk nonsense, abuse or assault others, become destructive, walk naked or half-naked, fail to recognize time, place, persons and remain confused. After recovering, may claim amnesia for his behaviour. In certain cultures, they attribute such episodes to evil spirits, or black magic, or witchcraft and sorcery.

### ***A case vignette***

Ms. V. aged 17 years is brought to the clinic with attacks of falling to the ground, of ten days duration. It occurred on one day in a dramatic way. While watching a television programme, Ms. V, who was sitting in a chair, fell to the ground and remained unconscious. She did not respond to any stimulus. She was making some strange noises as though she was in

distress. Her hands and legs were shivering. Half an hour later, she opened her eyes and enquired from others about her condition. She could not remember any details of her attack. When the doctor enquired, parents reported that there was no froth, tongue bite or injury during the attack. Then onwards, she is getting such attacks every day. No attacks during sleep or when she is alone. She otherwise looks after her needs and maintains herself. On enquiry, it is found out that she wanted to continue her studies. She is a good student. But the parents are not interested in continuing her studies, but they are working hard to arrange her marriage. They have asked one bridegroom and his family to come and see her. They say that they would be very happy if the boy would accept to marry Ms. V. To escape from this situation, she has developed a dissociation disorder.

**d) Somatoform Disorder:**

The individual develops a single or multiple bodily symptom (pain, weakness, easy fatigability, inability to walk, nausea, vomiting, diarrhoea, constipation, difficulties in passing urine, inability to carry on normal sexual activity, blindness, deafness, palpitation, breathing difficulties, giddiness, irregular menstrual periods, unusual/excess vaginal discharge, excess menstrual flow, sleep

disturbances etc) in the absence of any detectable physical cause or disease in the body. All investigations result in normal findings. The symptoms cause a lot of distress and disability about which patient worries a lot. He generally does not get convinced that he does not have any physical illness. Quite often, he makes several trips to doctors and hospitals, demands for investigations and medicines. If the doctor suggests that his symptoms could be psychogenic, he refuses to accept it and insists that he is physically ill. Some people may start believing that he/she might be having a serious, debilitating disease like cancer, heart disease, leprosy and inspite of negative investigation reports, do not give up the belief. They keep suffering and continue their efforts to identify an illness in their body. They may start self medication. They become a burden to themselves, their families and the health system.

## *A few case vignettes*

### **Case vignette 1 :**

Mrs. S, aged 36 years, married, belongs to urban middle class, has

complaints like painful limbs, some sort of pulling sensation in the neck, weakness, inability to carry out routine work, all of which have been present all the time during the last 6-8 months. She reports heaviness of head and giddiness off and on. She develops headache if she walks in sunshine or by doing strenuous work, which is relieved by taking rest or applying pain-balm to the forehead and by massage. She has gone to three general practitioners nearby who examined her and found "no problem". They prescribed some tonic pills and injections. She reports no relief from the symptoms and worries about her ill-health. She has gone to a few faith-healers and carried out some rituals to take away the evil effect or black magic/witchcraft, which was advised by her relatives. But that also has not helped her. She has a belief that the symptoms might be due to "white discharge" she is having, or might be due to an abortion she underwent a year ago as part of family planning. She is dissatisfied with the support and care she got during that period from her mother-in-law and the husband.

### **Case vignette 2 :**

Mr. M, a mason by profession, aged

about 28 years, married but his wife died during childbirth. Re-married, he has three children and old parents to look after. Frequently he goes to the primary health care centre with complaints of chest pain. On examination, the doctor told him that it was due to "hyperacidity" and advised him to avoid alcohol, smoking and eating excess chillies (red pepper). He is prescribed antacid tablets. Mr. M reports that there is no relief and is apprehensive that he might have either a stomach ulcer or a "heart problem". He went to a physician in the city and was investigated. All reports are "normal". Mr. M is puzzled and thinks that the chest pain may be due to a "slow poison" that might have been administered to him by some jealous relatives. He has gone to two healers, who induced vomiting and assured him that the poison was out. But he continues to suffer from chest pain. Often he wonders whether it is the result of a "bad effect" caused by the spirit of his first wife or whether it could be due to an underlying disease undetected by the doctors.

### ***Case vignette 3 :***

Mr. K, a college student has often suffered from headache and pains in

the neck and shoulders for 2 years. He says that he develops this pain whenever he reads for more than 30 minutes or when he travels in the city bus. He reports no nausea or vomiting. Headache is not restricted to one part of the head or neck, it is diffuse. He has already consulted an eye specialist who told him that there was nothing wrong with his eyes. Mr. K insisted on wearing glasses to get relief, but found this did no good. He takes a pain killer tablet that gives him some relief. He wonders whether there could be some problem inside his head. But the doctors say that he has no such problem. Because of the headache, he is unable to do well in college and often curses himself for getting into an arts college. He is worried about his future and plans to consult a nerve specialist. He has suspicion that his habit of masturbation may be the cause of his weak nerves, as he has read in a book that loss of semen would lead to "weak nerves and weak body".

#### ***Case vignette 4 :***

Mrs. L, aged 42 years, widow, lost her husband in an accident 4 years ago, looks after the family and the property in spite of getting no support from her in-laws. She keeps complaining that

her health has not been good for the last 5-6 years. Often she develops numbness, a tingling sensation in the limbs and joint pains. Sometimes she reports crawling and pulling sensations all over her body, which disturb her sleep. Her appetite is also not satisfactory. Often she lies on the bed with these symptoms for a day or two, during which time other family members do the household chores. She goes to her family doctor for an injection every day until she improves. She curses herself for bothering her family with this additional expenditure. She was not very happy with her husband, who was not kind to her, had extra-marital relationships and treated her like a servant. But he looked after her and the family needs. Though she felt relieved when he died, she remains very unhappy, as she does not like to be treated as a widow by people on social and religious occasions.

#### ***Case vignette 5:***

Mrs. A, aged 55 years, comes from a higher-middle class family, reports having a painful swelling in the neck. She has seen many doctors who failed to see any such swelling, and assured her that there was nothing wrong with her. She insists that they should take

a x-ray of that region and do other investigations to rule out any disease. She says that she might have cancer, and all the time she keeps either reading books on cancer or discussing the issue with others. She does not do any household chores. She keeps complaining that she is becoming thinner, though there is no loss of weight. Her sleep is disturbed. She keeps going to astrologers and priests to ask them how long she is going to live. She gets upset very easily when doctors say that she is all right and imagines having a disease.

*It is said that people suffering from somatoform disorders express their distress, emotional problems and feelings of insecurity and frustration through the bodily symptoms.* Till recently, they were not understood and were labeled as abusers of health facilities, malingeringers, people who imagine that they have an illness. Quite often they were given vitamins, painkillers, tonics, tranquilizers which were not of any use to them.

**There are different sub types of somatoform disorders like :**

**1. Somatization disorder:**

**Six or more than six symptoms**

related to atleast two of the systems like digestive system, heart, genital, urinary system, skin, respiratory system etc, lasting continuously for more than 2 years, the symptoms would start at young age (below 30 years). If the symptoms are not lasting for more than 2 years but are there for atleast 6 months, it is labeled as '*Undifferentiated Somatoform Disorder*'.

2.

### **Hypochondriacal Disorder:**

Here the individual has a persistent belief of presence of a maximum of two serious physical diseases (like cancer, heart problem, leprosy etc) or persistent pre-occupation and worry about presumed bodily deformity or disfigurement (of nose, ears, face, limbs etc). he never gets convinced that he is not having any such illness/ deformity. He keeps consulting many doctors for investigations and treatment. He keeps always talking about his ailments, how they could be due to a particular disease and expresses his dissatisfaction



towards systems of medicine and doctors who have failed to diagnose and treat him. Generally he does not do any work and has become a burden to the family and society.

### 3. **Persistent pain disorder:**

Severe, persisting, and distressing pain (like headache, back ache, chest pain) lasts for atleast 6 months, without any cause in the body. Generally, the person may not have other symptoms. You may be wondering about how such a severe pain or physical symptoms exist without a cause in the body. You know that pain is real and not an imagination. When your doctor says that the pain/the symptom is not physical but could be psychological, do not think that he has concluded that your pain/symptom is your imagination. Here is an explanation of persistent pain/physical symptom.

Some people are more sensitive and observe the bodily changes which occur routinely or as part of a reaction to either internal or

external clue or stress. For example, under stress, the inter-rib-muscles may contract and one may perceive a feeling of tightness in the chest. If this person thinks that it could be related to heart and if he knows about how people suffer or die with heart disease as he might have observed it in his family or friend circle, if he had worried that he might also get such a disease, suddenly he is struck with an idea that this tightness in the chest could be an initial sign of a heart disease. Naturally he becomes anxious and his sympathetic nervous system gets stimulated. Result is, his heart rate increases, he develops palpitation and sweating. The inter-rib muscles further contract. The tightness of the chest increases confirming his belief that this could be a sign of heart disease. He goes to a doctor who examines him and finds blood pressure to be slightly high (because of anxiety). Though he says that rise of BP is not that high to warrant any serious consideration, he refers that person to a Heart specialist for opinion and says that he is doing it to be on the safer side. This makes the person to become more anxious than before as he finds the doctor is having some doubt regarding the health status of his heart. The heart specialist invariably records ECG or even does scan examination, tells that everything is fine. But adds a word of caution, "Now everything is alright, your heart is working well. But if you get one more attack

of tightness of the chest or severe palpitation, come back to me. I will check you again." The individual now starts looking for one more attack of tightness, and wonders that it could be severe one. Meanwhile, he may start collecting information about heart attacks, heart diseases from many sources. He may come to know that ECG can be normal, even when a person has a heart attack. That means, normal ECG does not guarantee that you did not have an attack. Thus he gets pre-occupied with his heart functioning, becomes more and more sensitive and may start perceiving the routine changes as abnormal. In order to convince the doctors to investigate him thoroughly, he may describe his symptoms as most severe and disabling. It becomes a vicious circle and finally, he may start believing that he is having a heart disease and start seeking treatment. Knowingly or unknowingly, he will manifest the expected symptoms of heart disease when actually he does not have any such disease. This is further strengthened by the fact that he can get more attention, sympathies, concessions and care from his wife, children, colleagues and friends who are ready to help him and respond to his needs. Naturally this person starts getting the symptom whenever he is under stress and want support from others.

Thus the individual and his people knowingly or unknowingly make him to develop an illness

or a syndrome when actually he is 'normal' and not having any damage or structural change in the organs of the body.

Thus a sizeable number of people suffer from medically unexplainable somatic symptoms. It is estimated that 5% people in general population and 30 to 40% of people who seek medical help, belong to this category. The presentation of these people to a doctor differs from individual to individual and culture to culture (you have already read the vignettes). This variation is due to many factors like 1) knowledge and attitude of people regarding various diseases, 2) the amount of stigma towards mental disorders and mental health professional, 3) expected illness behaviour that means how a sick person should manifest his symptoms to draw the attention of others and to get their sympathies, 4) the type of health care services available. To recall the common presentation :

1. Multiple aches and pain in many parts of the body
2. Single pain lasting for a long time in one part of the body like head, neck, chest, back or limb
3. Easy fatigability, tiredness and weakness.
4. Symptoms attributed to one organ system like heart (cardiac neurosis), lungs (hyperven-

tilation), intestines (irritable bowel syndrome), genitals impotence or premature ejaculation.

5. A belief of having a serious disease like cancer, leprosy, AIDS, heart disease.

## ***Management***

When you are suffering from either a single, persisting pain or a group of multiple ailments with no physical cause or a disease, you should know how to manage them with the help of your family doctor or a psychiatrist. You should not expect some fancy drug or physical treatment to relieve you from the ailment because there is no such a drug/treatment available. You should not make the same mistake of going from one doctor to the other, one system of medicine to the other, either to get investigated or to get a wonder drug. You should change your objective of knowing whether you have a particular disease or not. You should stop worrying about whether a given symptom is a fore-runner of some big and lethal disease/deformity. You must concentrate on how to reduce your suffering and how to improve your feelings of well being and your ability to lead a happy and contented life :

1. Choose one doctor in whom you have

a good amount of faith and you can interact with him to get guidance. Choose one who is not very busy, who can give time to you as well as who is easily approachable and makes you feel comfortable.

2. Tell him every detail of your ailment, how it started, in what situation, how frequently it appears, what are the aggravating and relieving factors, how severe or mild they are etc.
3. Tell him without any hesitation your ideas/explanations regarding the cause of these ailments. Have an open mind and clarify your doubts with the doctor. Tell him what are the efforts you have made to get relief from the symptoms.
4. **Change of attribution:** Till now, you thought that there could be some physical cause, disease or explanation for the symptoms. You were wondering whether you had a serious, life threatening disease and what would be your future. The doctor has told you that his examination, clinical investigations have revealed no abnormality. It is a relief, is it not ? But the question that why you are suffering from a symptom so severely and for a long time bothers you. Accept that these symptoms could be

psychogenic in nature. Consciously or unconsciously you may be tense, worried about some issue or the other. Recall the life events, issues which made or making you tense, worried. Tell in detail about them to the doctor. It is good to talk about the stresses. Do not hesitate to show emotions like sadness, anger or fear while narrating the problem. Expression of emotions (called ventilation) will help you to relax and you feel good. The doctor may point out to you that your symptoms might have relationship with your emotional problems. He may make a link between the symptom and the stress. Examine it and accept without any condition that your ailment is a manifestation of an underlying emotional psychosocial problem or an issue. By doing that, you should not think that you are accepting that you are a weak person or mentally ill person. You can always work out to improve your mental abilities and your coping skills.

5. **Change in thinking:** There is one explanation for negative emotions like fear, sadness or anger. First you think that the situation is dangerous. Then you feel fearful. First you think that you are a failure and then feel sad or angry about it. It is not that you experience

fear first, then think that the situation may be dangerous. Therefore to reduce anger, fear or sadness which may be the cause for your ailment, you should bring a change in your way of thinking, whenever you think that you are a failure, tell yourself that it is not so. Assure yourself that you might have been a failure in the past but now you are going to be successful; you can and you will succeed. If you think that the situation is dangerous, you look at it, and tell yourself that it is not as dangerous as you think, there should be some way to face it and you are going to take it boldly. If required, you will take the help of others to do so. Develop a positive way of approaching an issue or a problem. Be hopeful and put your honest efforts and things are going to improve.

6. **Break your pre-occupation with the ailment or cause or outcome of the suffering:** Many ailments are self limiting. Some last for a short period. Some last for a long period. Stop worrying about how long the ailment would last. Tell your self that you may become alright the very next day or next week or next month. Ignore the symptom. Draw the attention of your mind to something else, which is

interesting, pleasant and enjoyable.

7. **Engage yourself in healthy recreation** and creative activities like music, dance, reading, painting, taking part in religious or cultural activities, visiting friends and relatives, prayer, meditation, sports, making hand made articles, going for picnics or tours, playing with children, learning some new skills – these activities will help you to divert your attention and stop pre-occupation with symptoms or illness. They make you happy and enjoy. They may increase your self-esteem.
8. **Relaxation methods** : Relaxation will help to give you relief from muscle pains or cramps. Relaxation will reduce the load on sympathetic nervous system and bring down the rate of vital functions of the body like pulse, heart rate, BP, respiration and body temperature. Doctor may teach you certain relaxation exercises or you may yourself learn some technique like yoga, meditation, breathing exercise, or lie down on a mat and keep your muscles relaxed and imagine good things or happy events in your life. As a routine do such relaxation exercises for an hour everyday at a time which is convenient to you. You can do the same exercise for five or ten minutes

when you feel tense.

9. **Drugs** : Doctor may prescribe certain drugs like antidepressants (Imipramine, Amitriptyline, Dothiepin, Fluoxetine) anxiolytics for a short period like 3 to 6 months. Consume them regularly and taper them off. They help you in the initial phase to reduce your anxiety, depression, body pain. But later you should be able to do away with them. Do not make any changes in drug dosage on your own. Don't self medicate.

10. **Improve your coping skills :**

a) **Accept the problems** : Whether at home or outside, at work place, you have to face problems and unpleasant situations or people. They are inevitable. Accept these challenges. Do not expect life to be a bed of roses. Tell yourself that problems and difficulties are rather a norm and not an exception. Look at others who have more difficulties and problems than you. You feel better than them. Do not become unhappy or even jealous by seeing some (their number is very less in any way !) who seem to have no or less problems than you.

b) **Know yourself** : Many people keep always worrying about what

they do not have, their deficits and failures. They under-rate themselves and have an opinion that they are useless and cannot do anything. They ignore their assets and capabilities. Therefore make a list of what all you have. Know your assets and feel proud of them. Make a list of lacunae, deficits and see which could be improved by consistent efforts. Keep trying to improve yourself.

- c) Knowledge is power :** Ignorance, lack of awareness induce fear. Knowledge makes you strong and confident. Leave no opportunity to improve your knowledge in general and the issues you are facing in particular. Once you know the in and outs of a problem you will certainly find a way to solve it or cope with it.
- d) Cultivate people :** Two persons are better than one to face a problem. Many people feel that they should fight it out alone. They all want to be 'supermen'. They do not seek help from their spouses, friends or others concerned. They feel lonely and start anticipating failures. They suffer unnecessarily. Therefore talk to people whom you

like. Discuss the issues. They may give ideas or at least say that they are there to support you. Keep your people in good humour. Praise their good aspects. Better stop criticising them. Then people like you and come to your help on their own at the right moment.

e) **Good relaxation:** You have already learnt that tension, hurry make things to go worse. If you are relaxed and cut down your anxiety, you can apply your mind to understand and solve a problem. There are various methods to relax. Choose any one of the following :

1. Breathing exercises
2. Walking in a pleasant place
3. Meditation
4. Imagining joyful and pleasant events/things
5. Listening to music
6. Light reading (stories, novels, comics, poetry etc.)
7. Watch and/or play games
8. Religious rituals like visiting temples / mosques / churches / other worshipping places,

prayer, singing songs in the praise of God, dance etc.

9. Week-end programmes like picnics, tours.

**f) Positive approach :**

A positive attitude and approach will certainly help you. Doubts like "Can I do it?", "Will it be alright?" "Am I going to succeed?", "People will laugh at me if I fail", "I will be totally useless, if I cannot do this properly" will make you tense, anxious. Therefore tell yourself "I am going to do it", "I will do my best" "things will be alright" "Even if I fail, it does not matter. But I have the satisfaction of making a sincere and honest effort". "Even great people had some failures in their life. If I meet one, what is strange about it. Failure may be a step towards success"/ "Why should I be afraid of others comments?", "Why fear, God is there to help me".





INTRODUCING

The closest experience to Natural Sleep



**Sobrium**  
ZOLPIDEM 5mg, 10mg

Sleep Solution for active mornings

- ◆ Novel, Selective, Nonbenzodiazepine sedative
- ◆ Faster onset of sleep
- ◆ Complete night's sleep, Active mornings
- ◆ No tolerance development
- ◆ No withdrawal, addiction or rebound insomnia unlike benzodiazepines
- ◆ High patient compliance



**Solus**  
CNS Service

For full prescribing information write to:

**Solus Pharmaceuticals Ltd.**

(A RANBAXY GROUP COMPANY)

Plot No. 114, Street 15, MIDC, Andheri (E), Mumbai 400 093.



Further details available on request:

**Solus Pharmaceuticals Ltd.**

(A RANBAXY GROUP COMPANY)

Plot No. 114, Street 15, MIDC, Andheri (E), Mumbai 400 093.